

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

11568

265

1. PLACE OF DEATH:

County Worcester
 City or town Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 14 weeks
 Hospital, institution, or street address where death occurred: McCready Memorial Hospital
 How long in hospital or institution? 14 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Worcester
 City or town Rural Pocomoke, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. ✓
 (If rural, give LOCATION)
 2. (a) If veteran, name war ✓

3. (a) FULL NAME

Erma Lee Adams

3. (b) Social Security Number

✓

4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced married
 6. (b) Name of husband or wife Carlyle Adams 6. (c) If alive, give age 50 years
 7. Birth date of deceased (mo., day, yr.) May 17, 1897

8. AGE: Years 50 Months 6 Days 14 It less than one day hrs. min.

9. Birthplace Pocomoke City, Worcester, Md.
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business ✓

12. Name Stewart S. Sheppard

13. Birthplace Virginia

14. Maiden name Adnie Brewer

15. Birthplace Maryland

16. Informant Carlyle Adams

Address Pocomoke City

17. Burial Date thereof Dec. 4, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Nelson Cemetery

Location Rural Pocomoke, Md.

18. Funeral director Henry H. Watson

Address Pocomoke City, Maryland

19. Dec. 4th 47 Mellie Snyder
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 1, 1947 at 4:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1, 1947 to Dec 1, 1947 and that I last saw him alive on Dec 1, 1947

Immediate cause of death Asystole due to heart DURATION

Due to Circumference of mediastinum fluids

+ lung mediastinum

Due to 3 months

Other conditions Indolent tumor

(Include pregnancy within 3 months of death)

Major findings of operations 3 months

Date of op. 3 months

Autopsy results 3 months

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide 3 months Date of 3 months

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Erma Lee Adams M. D. or other

Address Maryland Date signed Dec 4, 1947

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DEC 9 1947

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11560

Reg. Dist. No. 265

1. PLACE OF DEATH:

County Somerset
 City or town Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
56 years
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
Crisfield, RFD
 How long in hospital or institution? 11/11/11

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Somerset
 City or town Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Rural
 (If rural, give LOCATION)
 2.(a) If veteran, name war 11/11/11

3. (a) FULL NAME

ERIK ANDERSON

3. (b) Social Security Number

4. Sex <u>Male</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Widowed</u>
6. (b) Name of husband or wife <u>Mary Skrivars Anderson</u> <u>Deceased</u>		
7. Birth date of deceased (mo., day, yr.) <u>August 24, 1859</u>		
8. AGE:	Years <u>88</u>	Months <u>3</u>
	Days <u>28</u>	If less than one day hrs. min.
9. Birthplace <u>Munsala, Finland</u> (Town, county, and state)		
10. Usual occupation <u>Retired Waterman</u>		
11. Industry or business <u>Seafood</u>		
FATHER	12. Name <u>Andrew Anderson</u>	
	13. Birthplace <u>Finland</u>	
	14. Maiden name <u>Unknown</u>	
MOTHER	15. Birthplace <u>Unknown</u>	
	16. Informant <u>Miss Rose Anderson</u> Address <u>Crisfield, Md.</u>	
17. Burial Date thereof <u>12-24-47</u> (Burial, cremation, or removal) (month) (day) (year) Cemetery or crematory <u>Sunny Ridge Cem.</u> Location <u>Hopewell, Crisfield, Md.</u>		
18. Funeral director <u>H. Harvey Bradshaw</u> Address <u>Crisfield, Md.</u>		
19. <u>12/31</u> 19 <u>47</u> <u>Janice E. Spivey</u> (Date rec'd by registrar) Registrar		

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 22 19 47 at 9:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 19 47 to Dec 19 47 and that I last saw him alive on Dec 21 19 47

Immediate cause of death acute dilatation of heart
senility
chronic myocarditis

Due to ?

Due to ?

Other conditions ?

(Include pregnancy within 8 months of death)

Major findings of operations 0

Autopsy results 0

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide 0 Date of 0
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE C. G. Rowley M.D.
Crisfield, Md. M. D. or other
 Address Crisfield, Md. Date signed 12-23-47

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11570

Reg. Dist. No. 260

1. PLACE OF DEATH:
County... Somerset
City or town... Princess Anne
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 30 years
Hospital, institution, or street address where death occurred:
Princess Anne
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State... Md County... Somerset
City or town... Princess Anne
(If outside city or town limits, write RURAL and give nearest town)
Street No...
(If rural, give LOCATION)
2(a) If veteran, name war

3. (a) FULL NAME
Jennie Mosher Cooney

3. (b) Social Security Number

4 Sex... female 5. Color or race... white 6. (a) Single, married, widowed, or divorced... widowed

6. (b) Name of husband or wife... B. J. Cooney
Deceased

7. Birth date of deceased (mo., day, yr.)... June 6 1861

8. AGE: Years... 86 Months... 6 Days... 1 It less than one day... hrs. min.

9. Birthplace... Maryland
(Town, county, and state)

10. Usual occupation... Housewife

11. Industry or business

12. Name... Robt Le Coonsite

13. Birthplace... Ind

14. Maiden name... Mary Marshall

15. Birthplace... Ind

16. Informant... Raymond Cooney

Address... Princess Anne

17. (Burial, cremation, or removal. Which?) Date thereof... Dec 9 1947
(month) (day) (year)
Cemetery or crematory... Monksien
Location... Princess Anne
18. Funeral director... P. M. Smith
Address... Princess Anne

19. 12/8 47 R. J. Johnson M.D. Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH... Dec 7th 1947 at 12:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19... to 19...

and that I last saw him... alive on 19...

Immediate cause of death... Cancerous
of breast

Due to...

Due to...

Other conditions...

(Include pregnancy within 9 months of death)

Major findings of operations...

Date of op...

Autopsy results...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide... Date of...
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE... M. D. or other

Address... Date signed 12/8/47

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DEC 9 1947

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11571

Reg. Dist. No. 265

1. PLACE OF DEATH: Somerset
County.....
City or town.....
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 9 days
Hospital, institution, or street address where death occurred:
McCready Mem. Hospital
How long in hospital or institution? 9 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Somerset
City or town.....
(If outside city or town limits, write RURAL and give nearest town)
Street No. None
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME
EDWARD R. COULBOURNE

3. (b) Social Security Number
213-14-1495

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
6. (b) Name of husband or wife Ella Green Coulbourne
6. (c) If alive, give age 72 years
7. Birth date of deceased (mo., day, yr.) January 31, 1875
8. AGE: Years Months Days If less than one day
72 11 0 hrs. min.

9. Birthplace Marion, Maryland (Somerset)
(Town, county, and state)
10. Usual occupation Bank Cashier
11. Industry or business Banking
12. Name Benjamin T. Coulbourne
13. Birthplace Marion, Maryland
14. Maiden name Arianna Marshall
15. Birthplace Marion, Maryland
16. Informant Mrs. Ella Coulbourne
Address Marion, Maryland

17. Burial Date thereof Jan 2, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory St. Paul Cemetery
Location Rural, Marion, Md.
18. Funeral director H. Harvey Bradshaw
Address Crisfield, Md.

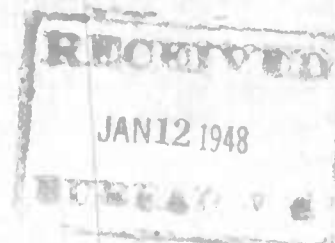
19. Jan. 5th 1948
(Date rec'd by registrar) Nellie Dryden Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 31, 1947 at 4:40 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 21, 1947, to Dec. 31, 1947.
and that I last saw him alive on Dec 31st 1947.
Immediate cause of death acute dilatation of heart. Hemias.
DURATION
Due to Chronic myocarditis, Chronic nephritis.
Due to
Other conditions acute obstructive gangrenous appendicitis (21)
Major findings of operations same Date of op. Dec 22, 1947
Autopsy results none
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Guy E. Coulbourne M. D. or other
Address Marion, Md Date signed 1/5/48



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County Somerset
 City or town Greensfield
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Somerset
 City or town Greensfield
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Emma Bayon Dennis

3. (b) Social Security Number

829-03-74844. Sex Female 5. Color or race Col 6. (a) Single, married, widowed, or divorced single

6. (b) Name of husband or wife _____

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) June 18, 1894

8. AGE: Years 53 Months _____ Days _____ It less than one day _____ hrs. _____ min.

9. Birthplace Marion Somerset Co Md
(Town, county, and state)10. Usual occupation cook

11. Industry or business _____

12. Name Frank Dennis13. Birthplace Accomac Va14. Maiden name Ella Merrill15. Birthplace Marion Somerset Co Md16. Informant Ella J DennisAddress Greensfield Md17. (Burial, cremation, or removal. Which?) Burial Date thereof Dec 31, 1947
(month) (day) (year)Cemetery or crematory Mt PleasantLocation Marion Md18. Funeral director Chas H WardAddress Marion Md19. Dec 20 47 Janice Espino
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 17 1947 at _____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug 19, 47 to Dec 17 1947
 and that I last saw her alive on Dec 16 1947

Immediate cause of death chronic
infectious
chronic myelocytic

DURATION

2 mo

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

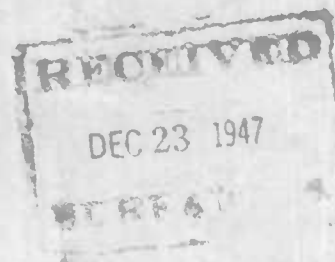
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE S. M. Peyton M.D. M. D. or otherAddress Greensfield Md Date signed Dec 20



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11573

Reg. Dist. No. 260

1. PLACE OF DEATH:

County Somerset
 City or town Rumbley (Frenchtown)
 (If outside city or town limits, write RURAL and give nearest town)
Lifetime
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
Home, Rural, Rumbley
 How long in hospital or institution? |||||

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Somerset
 City or town Rural, Rumbley
 (If outside city or town limits, write RURAL and give nearest town)
Rural
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3.(a) FULL NAME

Hester Amelia French

3.(b) Social Security Number

4. Sex <u>Female</u>	5. Color or race <u>White</u>	6.(a) Single, married, widowed, or divorced <u>Widowed</u>
6.(b) Name of husband or wife <u>John F. French</u>		
7. Birth date of deceased (mo., day, yr.) <u>Deceased</u> <u>February 1, 1872</u>		
8. AGE:	Years	Months
	<u>75</u>	<u>10</u>
		<u>5</u>
	If less than one dayhrs.min.	

9. Birthplace Rumbley-Somerset-Md.
 (Town, county, and state)
 10. Usual occupation Housewife
 11. Industry or business Home
 12. Name Thomas J. Blake
 13. Birthplace Rumbley, Md.
 14. Maiden name Alice E. Hewitt
 15. Birthplace Rumbley, Md.
 16. Informant Mrs. Archie Dize
 Address Rumbley, Md.
 17. Burial Date thereof Dec 8, 1947
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory Private Cemetery
 Location Near Rumbley, Md.
 18. Funeral director H. Harvey Bradshaw
 Address Crisfield, Md.

19. 12/18 47 R. H. Johnson M.D.
 (Date rec'd by registrar) 19. _____ 9d. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 6 1947 at 10:45 P.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8/10/46 1946 to 12/6/47 1947
 and that I last saw him alive on 12/5/47 1947
 Immediate cause of death uremia

	DURATION
Due to <u>Ch. Nephritis</u>	
Due to <u>Nyctemeral</u>	
Due to <u>Aggravation</u>	
Other conditions <u>as above</u>	

(Include pregnancy within 3 months of death)
 Major findings of operations _____
 Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE Flis B. McLaughlin M.D.
Pr. Anne Md
 Address _____ Date signed 12/8/47

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DEC 20 1947

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH:

County SomersetCity or town Shelbtown
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? a lifeHospital, institution, or street address where death occurred: —How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infant, give residence of mother)

State Maryland County SomersetCity or town Shelbtown
(If outside city or town limits, write RURAL and give nearest town)Street No. —
(If rural, give LOCATION)2. (a) If veteran, name war —

3. (a) FULL NAME

George W. Gray

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, or divorced Married6. (b) Name of husband or wife Annie Gray7. Birth date of deceased (mo., day, yr.) July 4, 1882 6. (c) If alive, give age 59 years8. AGE: 65 Years 5 Months — Days — If less than one day — hrs. — min.9. Birthplace Shelbtown, Md.
(Town, county, and state)10. Usual occupation Farming & Seafaring11. Industry or business —12. Name Pete Gray13. Birthplace Maryland14. Maiden name Annie Riggs15. Birthplace Shelbtown, Md.16. Informant Everett GrayAddress Shelbtown, Md.17. Burial Date thereof Dec. 6, 1947
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Rehaboth Baptist Cem.Location Rehaboth Maryland18. Funeral director Henry H. WilsonAddress Rehoboth, Md.19. Dec. 6, 1947 Nellie Ludden
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 4th 1947 at 11:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 1st 1947 to Dec. 4th 1947and that I last saw him alive on Dec. 2nd 1947Immediate cause of death Acute dehydration DURATIONof heart, uremiaDue to Rheumatic myocarditis, Chronic 4 yearsArt. HypertensionDue to —Other conditions General Arterio-sclerosis 4 4 years

(Include pregnancy within 3 months of death)

Major findings of operations —Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —Means of injury — Injured at work? —23. SIGNATURE George E. Bellamy M.D. M. D. or otherAddress Maryland Date signed 12/4/47

MARGIN RESERVED FOR BINDING

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH:

County Somerset
 City or town Westover
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 30 years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? //////

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset
 City or town Westover
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. //////
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

A. A. HASTINGS

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Fanny Swift
 6.(c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) October 4, 1876

8. AGE: Years 71 Months 2 Days 15 If less than one day _____ hrs. _____ min.

9. Birthplace Accomack Co., Va.
 (Town, county, and state)

10. Usual occupation Retired Carpenter

11. Industry or business Penna Railroad

12. Name Alberta A. Hastings

13. Birthplace England

14. Maiden name Mattie Rue

15. Birthplace France

16. Informant Mrs. Raymond Walker
 Address Crisfield, Md.

17. Burial, cremation, or removal. Which? Burial Date thereof Dec 22, 1947
 (month) (day) (year)

Cemetery or crematory Rehobeth Cemetery

Location Rehobeth, Md.

18. Funeral director H. Harvey Bradshaw

Address Crisfield, Md.

19. Jan. 21, 1948 Nellie Dryden
 Date rec'd by registrar Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 19, 1947 at 10 25 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1946 to Dec 1947
 and that I last saw him alive on Dec 18, 1947

Immediate cause of death acute dilatation of heart, uraemia DURATION _____

Due to Chronic Hypertension & Chronic End Nephritis

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE George B. Baillum, M.D. M. D. or other

Address Marion, Md. Date signed 1/20/48

RECORDED
JAN 26 1948
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

County Somerset
 City or town Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 35 years
 Hospital, institution, or street address where death occurred:
Paper Street
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Somerset
 City or town Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Paper Street
 (If rural, give LOCATION)
 2(a) If veteran, name war First World War

3. (a) FULL NAME

George Washington Henry

3. (b) Social Security Number

4. Sex Male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) June 15, 1890
 6. (c) If alive, give age years

8. AGE: Years 57 Months 5 Days 17 If less than one day
 hrs. min.

9. Birthplace King William County, Va.
 (Town, county, and state)

10. Usual occupation Sea food laborer

11. Industry or business

12. Name Washington Henry13. Birthplace King William County, Va.14. Maiden name Ella Gattlet15. Birthplace King William County, Va.16. Informant Mrs. Queen Baylor,Address 514 W. Preston St. Balto17. Burial Date thereof 12-5-47

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Lawsonia CemeteryLocation Lawsonia (Crisfield, Md.)18. Funeral director H. Harvey BradshawAddress Crisfield, Md.19. 12/11 19 47 Janice E. Davis

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 2, 194721. I CERTIFY that death occurred on the date above stated; that I attended deceased from was dead whenand that I last saw him was killedImmediate cause of death Coronary occlusionDue to found dead

Due to

Other conditions William H. Coulbourn, M. D.DEPUTY MEDICAL EXAMINER
(Include pregnancy within 3 months of death)

FOR SOMERSET COUNTY, MD.

Major findings of operations

Autopsy results no
PHYSICIAN: Please underline the cause to which death should be charged statistically.22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Injured at work?

Means of injury

23. SIGNATURE W. H. Coulbourn
Address Crisfield Md 12/4/47

RECEIVED

DEC 13 1947

RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

11577

930

1. PLACE OF DEATH:

County Somerset
 City or town Princess Anne
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 59 yrs
 Hospital, institution, or street address where death occurred

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Somerset
 City or town Princess Anne
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

Lillie Jones

3.(b) Social Security Number

4. Sex Female 5. Color or race Cal 6.(a) Single, married, widowed, or divorced Married6.(b) Name of husband or wife Harry Jones6.(c) If alive, give age 63 years7. Birth date of deceased (mo., day, yr.) Apr 4 - 18888. AGE: Years 59 Months 7 Days 15 If less than one day _____ hrs. _____ min.9. Birthplace Princess Anne Somerset Co MD
(Town, county, and state)10. Usual occupation House work

11. Industry or business

12. Name Joel Sair Jones13. Birthplace Princess Anne Somerset Co MD14. Maiden name Lara Pake15. Birthplace Princess Anne Somerset Co MD16. Informant John H JonesAddress Princess Anne MD17. Burial, cremation, or removal. Which? Burial Date thereof Dec 22 1947
(month) (day) (year)Cemetery or crematory GreenwoodLocation Princess Anne MD18. Funeral director Charles H WardAddress Marion MD19. Dec 25 1947 (Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 1947 at 1:00 p.m.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1940 to Dec 1947 and that I last saw him/her alive on Dec 1947

Immediate cause of death _____ DURATION _____

Cerebral hemorrhageDue to hypertension 2 years

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Eileen G. M... M. D. or otherAddress Princess Anne MD Date signed 12-20-47

RECEIVED
DEC 24 1947
K-REAR

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11578

Reg. Dist. No. 265

1. PLACE OF DEATH:

County Somerset
 City or town Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death Lifetime
 Hospital, institution, or street address where death occurred:
Jacksonville Rd.
 How long in hospital or institution? //////////

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset
 City or town Rural, Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Jacksonville Rd.
 (If rural, give LOCATION)
 2. (a) If veteran, name war

3. (a) FULL NAME

WILLARD FISKE LAIRD

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Edna Byrd Laird
 7. Birth date of deceased (mo., day, yr.) April 30, 1886
 6. (c) If alive, give age _____ years
 8. AGE: Years 61 Months 8 Days 1 If less than one day _____ hrs. _____ min.

9. Birthplace Crisfield-Somerset-Md.
 (Town, county, and state)
 10. Usual occupation Poultry Grower
 11. Industry or business Poultry
 12. Name Alfred Laird
 13. Birthplace Crisfield, Md.
 14. Maiden name Kate Johnson
 15. Birthplace Crisfield, Md.
 16. Informant Mrs. Edna Laird
 Address Crisfield, Md.
 17. Burial Date thereof Jan 4, 1948
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory Sunny Ridge Mem Park
 Location Hopewell, Crisfield, Md.
 18. Funeral director H. Harvey Bradshaw
 Address Crisfield, Md.

19. January 19 48 Janice E. Spies
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 31, 1947 at 10:35 P
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Oct. 2, 1947 to Dec 31, 1947
 and that I last saw him alive on Dec 31, 1947

Immediate cause of death

Coronary disease

DURATION

minutes

Due to

Due to

Other conditions

Coronary artery disease25 years

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE C. J. Spies M. D. or other _____Address Crisfield, Md. Date signed 1-3-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11579

Reg. Dist. No. 2621

1. PLACE OF DEATH:

County Somerset
 City or town Rural Pocomoke
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 30 years
 Hospital, institution, or street address where death occurred: —

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Somerset
 City or town Rural Pocomoke
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. —
 (If rural, give LOCATION)
 2. (a) If veteran, name war —

3. (a) FULL NAME

George T. Littleton

3. (b) Social Security Number

4. Sex Male 5. Color or race white 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Mary E. Littleton

7. Birth date of deceased (mo., day, year) Feb. 22 - 1855 6. (c) If alive, give age — years

8. AGE: Years 92 Months 9 Days 28 It less than one day — hrs. — min.

9. Birthplace Porksbury, Accomac, Virginia
 (Town, county, and state)

10. Usual occupation Farmer11. Industry or business —12. Name Samuel Littleton13. Birthplace Virginia14. Maiden name Adeline Gray15. Birthplace Virginia16. Informant Mrs. R. W. MatthewsAddress Rural Pocomoke Md.17. Burial Date thereof Dec. 23, 1947

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Nelson CemeteryLocation Rural Pocomoke Md.18. Funeral director Shining Star StationAddress Pocomoke Md.19. Dec 23 47 Mrs Clayton Paris

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 20, 1947 at 2: P M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 19 1947 to Dec 20 1947and that I last saw him alive on Dec 19 1947Immediate cause of death PneumoniaPneumoniaDue to —Due to —Other conditions —

(Include pregnancy within 3 months of death)

Major findings of operations —Date of op. —Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —Means of Injury — Injured at work? —23. SIGNATURE C. E. Littleton M. D. or otherAddress — Date signed Dec 23, 1947

RECEIVED

DEC 26 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11580

83a

Reg. Dist. No. 260

1. PLACE OF DEATH:
County Somerset
City or town Chance
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Lifetime
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Somerset
City or town Chance
(If outside city or town limits, write RURAL and give nearest town)
Street No. none
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME John Washington Mc Bride 3. (b) Social Security Number

4. Sex Male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Widowed
6. (b) Name of husband or wife Leah Mc Bride

7. Birth date of deceased (mo., day, yr.) April 29, 1874 6. (c) If alive, give age years

8. AGE: Years 73 Months 7 Days 9 It less than one day hrs. min.

9. Birthplace Chance-Somerset-Md
(Town, county, and state)

10. Usual occupation Sea food laborer

11. Industry or business

12. Name Samuel Mc Bride

13. Birthplace Chance, Md

14. Maiden name Leah Jones Wright

15. Birthplace Chance, Md

16. Informant Mrs. Annie Archie

Address Chance, Md

17. Burial Date thereof Dec 14 1947
(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Chance Cemetery

Location Chance, Md

18. Funeral director H. Harvey Bradshaw

Address Crisfield, Md.

19. Dec 16 19 47 R. J. Johnson, M.D. Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH December 8 1947 at 5:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 23 1946 to Dec 8 1947
and that I last saw him alive on Dec 6 1947

Immediate cause of death

Cerebral hemorrhage DURATION 15 months

Due to hypertension

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

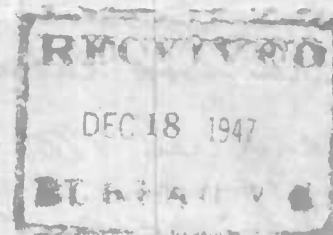
23. SIGNATURE Edgar G. Manton M. D. or other

Address Princess Anne Md Date signed 12-12-47

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11581

Reg. Dist. No. 265

1. PLACE OF DEATH:

County Somerset
 City or town Jackson
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State MD County Somerset
 City or town Jackson
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Jackson Rd.
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

Delande W. Messick

3. (b) Social Security Number

None

4. Sex 5. Color or race 6.(a) Single, married, or divorced

Male White Married

6.(b) Name of husband or wife Loarrie7. Birth date of deceased (mo., day, yr.) May 4, 1871

8. AGE: Years 73 Months 7 Days 21 If less than one day hrs. min.

9. Birthplace Virginia (Town, county, and state)10. Usual occupation Bedroom11. Industry or business See12. Name Warren Messick13. Birthplace Pa14. Maiden name Delana Kennedy15. Birthplace Pa16. Informant William MessickAddress Jackson Rd17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof Dec 28/47 (month) (day) (year)Cemetery or crematory Jimmy RidgeLocation Jackson Rd18. Funeral director Hubert J. LivingstonAddress Jackson Rd19. Dec 31 1947 Janice E. Davis Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 25 1947 at 5:30 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

He was dead when I saw himImmediate cause of death Coronary Occlusion

DURATION

Due to Coronary OcclusionDue to Coronary Occlusion

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results None Date of op.

PHYSICIAN: Please underline the cause to which death should be charged

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City) (County) (State)

Injured at home, farm, industry, public place, or elsewhere?

Means of injury Injured at work?

23. SIGNATURE William H. Coulbourn, M.D. M. D. or otherAddress Brissfield MD Dec 27/47

RECEIVED

JAN 2 1948

WREKA

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

County Somerset
 City or town Crisfield, Smith Island
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death 46 years
 Hospital, institution, or street address where death occurred:
McCready Mem Hospital
 How long in hospital or institution 27 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Somerset
 City or town Ewell, Smith Island
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Rural
 (If rural, give LOCATION)
 2.(a) If veteran, name war //////////

3.(a) FULL NAME

Lilly Sarah Middleton

3.(b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Charles Middleton
 6.(c) If alive, give age 78 years
 7. Birth date of deceased (mo., day, yr.) April 25, 1878
 8. AGE: Years 69 Months 7 Days 11 If less than one day
hrs.min.

9. Birthplace Lemont-Accomac-Va
 (Town, county, and state)
 10. Usual occupation Housewife
 11. Industry or business Home
 12. Name Thomas Williams
 13. Birthplace Accomack County, Va.
 14. Maiden name Unknown
 15. Birthplace Unknown

16. Informant Willie Middleton
 Address Ewell, Maryland
 17. Burial Date thereof Dec 9, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Ewell Cemetery
 Location Ewell, Maryland
 18. Funeral director H. Harvey Bradshaw
 Address Crisfield, Maryland

19. Dec. 12 47 Janice E. Spier
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 6 1947 at 10:45 P.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Nov 18 1947 to Dec 6 1947
 and that I last saw him alive on Dec 6 1947
 Immediate cause of death Acute Myocardial Infarction
 Due to Coronary Arteriosclerosis
 Due to Chronic Hypertension
 Other conditions Chronic Nephritis

DURATION

2 weeks

(Include pregnancy within 3 months of death)
 Major findings of operations None

Autopsy results None
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
 Accident, suicide, or homicide None Date of Dec 6 1947
 Where did injury occur? None (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) None
 Means of injury None Injured at work? None
 23. SIGNATURE Lucy B. Cullum M. D. or other None
 Address None Date signed Dec 8 47

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131a

11580

CERTIFICATE OF DEATH

Reg. Diat. No. 265

1. PLACE OF DEATH: County <u>Somerset</u> City or town <u>Custfield</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>6 weeks</u> Hospital, institution, or street address where death occurred: <u>Incessantly memorial Hospital</u> How long in hospital or institution? <u>6 weeks</u>				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State <u>md</u> County <u>Somerset</u> City or town <u>Deal Island</u> (If outside city or town limits, write RURAL and give nearest town) Street No. _____ (If rural, give LOCATION) 2.(a) If veteran, name war _____			
3. (a) FULL NAME <u>John Milbourn</u>				3. (b) Social Security Number _____			
4. Sex <u>male</u>		5. Color or race <u>C</u>		6. (a) Single, married, widowed, or divorced <u>Married</u>			
6. (b) Name of husband or wife <u>none</u>				6. (c) If alive, give age _____ years			
7. Birth date of deceased (mo., day, yr.) <u>oct 6, 1888</u>							
8. AGE: Years <u>59</u>		Months <u>1</u>		Days <u>27</u>		If less than one day _____ hrs. _____ min.	
9. Birthplace <u>Deal Island Somerset Co Md</u> (Town, county, and state)							
10. Usual occupation <u>Sailor</u>							
11. Industry or business							
FATHER	12. Name <u>Arthur Milbourn</u>			13. Birthplace <u>Deal Island Somerset Co Md</u>			
	14. Maiden name <u>Nellie Temple</u>			15. Birthplace <u>Deal Island Somerset Co</u>			
MOTHER	16. Informant <u>Thelma Roberts</u>			17. Informant <u>Thelma Roberts</u>			
	Address <u>Deal Island Md</u>			Address <u>Deal Island Md</u>			
17. (Burial, cremation, or removal. Which?) <u>burial</u>				Date thereof <u>Dec 7, 1947</u> (month) (day) (year)			
Cemetery or crematory <u>John W. Shaw</u>							
Location <u>Deal Island Md</u>							
18. Funeral director <u>Chas H Ward</u>							
Address <u>Marion Md</u>							
19. (Date rec'd by registrar) <u>Dec 5th 47</u>				Registrar <u>Nellie Dyden</u>			
MEDICAL CERTIFICATION							
20. DATE OF DEATH <u>December 2nd</u> 19 <u>47</u> at <u>3:30 P.M.</u>							
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>October 19</u> 19 <u>47</u> to <u>Dec. 3rd</u> 19 <u>47</u> and that I last saw him <u>alive</u> on <u>December 2</u> 19 <u>47</u>							
Immediate cause of death <u>Uremia: renal due to heart</u> <u>failure and arteriosclerosis</u>							
Due to <u>arteriosclerosis</u>							
Due to _____							
Other conditions _____ (Include pregnancy within 3 months of death)							
Major findings of operations _____							
Antopsy results _____							
PHYSICIAN: Please underline the cause to which death should be charged statistically.							
22. VIOLENCE: If death was due to external causes, fill in the following:							
Accident, suicide, or homicide _____ Date of _____							
Where did injury occur? _____ (City or town) (County) (State)							
Injured at home, farm, industry, public place (where?) _____							
Means of injury _____ Injured at work? _____							
23. SIGNATURE <u>John E. Chaffin Md</u> M. D. or other _____							
Address <u>10500 1st St NW</u> Date signed <u>Dec 5, 47</u>							

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DEC 9 1947
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 11584 265

1. PLACE OF DEATH:

County SomersetCity or town Annapolis
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County SomersetCity or town Annapolis
(If outside city or town limits, write RURAL and give nearest town)Street No. R 510
(If rural, give LOCATION)

2.(a) if veteran, name war

3. (a) FULL NAME

Minnie L. Moore

3. (b) Social Security Number

Blue

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Widowed

6.(b) Name of husband or wife

Andrew S. Moore

7. Birth date of

deceased (mo., day, yr.)

August 6, 1876

6.(c) If alive, give age.....years

8. AGE:

Years

Months

Days

If less than one day

71329

hrs.

min.

9. Birthplace

Annapolis MD
(Town, county, and state)

10. Usual occupation

Retiree

11. Industry or business

Same

FATHER

12. Name

James M. Moore

13. Birthplace

MD

MOTHER

14. Maiden name

Hattie O. Stirling

15. Birthplace

MD

16. Informant

Mrs. Clara R. Rott

Address

Annapolis MD

17.

(Burial, cremation, or removal, Which?)

Date thereof

(month) (day) (year)

Burial Dec 7, 1947

Cemetery or crematory

Greenwood

Location

Annapolis MD

18. Funeral director

Stewart & Livingston

Address

Annapolis, MD

19.

(Date rec'd by registrar)

Dec 12, 1947Janice E. Spivey

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 5, 1947 at 9:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April, 1947, to Dec 5, 1947and that I last saw him alive on Dec 4, 1947

Immediate cause of death

Cirrhosis of liver (Portal)

DURATION

3 yrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Cirrhosis of liverDate of op. 1946

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE S. M. Peyton M. D.

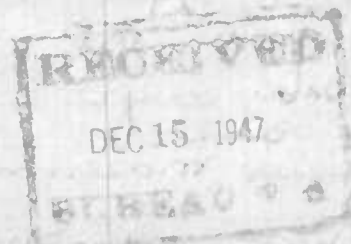
M. D. or other

Address Cristfield, Md Date signed Dec 8

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE IN INK. Supply every item of information available. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11585

Reg. Dist. No. 265

1. PLACE OF DEATH:

County San JuanCity or town San Juan
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 weeks

Hospital, institution, or street address where death occurred:

How long in hospital or institution? 2 weeks

3. (a) FULL NAME

Jean Marie Murphy

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Pennsylvania County AlleghenyCity or town San Juan Island
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)2. (a) If veteran, name war

3. (b) Social Security Number

4. Sex M5. Color or race W6. (a) Single, married, widowed, or divorced Single6. (b) Name of husband or wife None7. Birth date of deceased (mo., day, yr.) 6. (c) If alive, give age years8. AGE: Years 1 Months 28 Days If less than one day hrs. min.9. Birthplace San Juan, Va.
Town, county, and state10. Usual occupation 11. Industry or business 12. Name Jean Marie Murphy13. Birthplace San Juan14. Maiden name Ethel M. King15. Birthplace San Juan, Va.16. Informant William M. MurphyAddress San Juan, Va.17. (Burial, cremation, or removal. Which?) BurialDate thereof Dec 29, 47
(month) (day) yearCemetery or crematory BurialLocation San Juan Island, Va.18. Funeral director William M. MurphyAddress San Juan, Va.19. Dec 31, 47 Registrar Jeanie E. Spies

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 27 19 47, at 5:30 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 14 19 47, to Dec 27 19 47.and that I last saw him alive on Dec 26 19 47.Immediate cause of death Acute Dec 7 heartDue to Respiratory DistressDue to BronchitisOther conditions Influenza

(Include pregnancy within 3 months of death)

Major findings of operations Date of op. Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of Where did injury occur? (City or town) (County) (State)Injured at home, farm, industry, public place (where?) Means of injury Injured at work? 23. SIGNATURE Wm. E. L. MurphyAddress San Juan, Va. Date signed Dec 27, 47

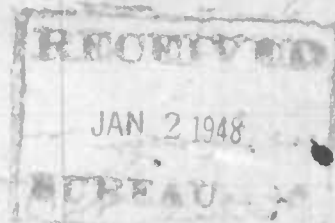
UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C.

Handwritten notes, possibly "Investigation" and "Report".

Handwritten notes, possibly "Bureau" and "File".

Handwritten notes, possibly "Page 1 of 1" and "1/2".

Handwritten notes, possibly "1/2" and "1/2".



Handwritten notes, possibly "Bureau" and "File".

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians, please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:

County Somerset
 City or town Princess Anne, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life time
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Somerset
 City or town Princess Anne, Md
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war World War No 7

3. (a) FULL NAME

Raymond Robert Folk

3. (b) Social Security Number

4. Sex

male

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Hettie Folk

7. Birth date of deceased (mo., day, yr.)

August6. (c) If alive, give age 47 years18 95

8. AGE:

52

Years

4

Months

—

Days

—

If less than one day

hrs.

—

min.

9. Birthplace

Somerset

(Town, county, and state)

10. Usual occupation

farmer

11. Industry or business

FATHER

12. Name

Henry Folk

13. Birthplace

Somerset

MOTHER

14. Maiden name

Anandie Wright

15. Birthplace

Somerset

16. Informant

Hettie Folk

Address

Princess Anne Md. R.T. #1

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

12-21-47

Cemetery or crematory

Oakville

Location

Oakville Md.

18. Funeral director

William H. James Jr.

Address

Princess Anne, Md.

19. Dec 22 47

(Date rec'd by registrar)

R. J. Johanna M.9d.

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Dec 18th1947at 11 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19

to

19

and that I last saw him alive on

19

Immediate cause of death

Myocarditis

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

J. Smith

M. D. or other

Address

Princess Anne MdDate signed 12/20-47

RECORDED
DEC 24 1947
BY READ

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No.

11587

260

1. PLACE OF DEATH:

County Somerset

City or town Westover Md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Somerset

City or town Westover Md
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

John Mitchell Ring

3. (b) Social Security Number

4. Sex Male 5. Color or race white 6.(a) Single, married, or divorced married

6.(b) Name of husband or wife Callie Ring

6.(c) If alive, give age 29 years

7. Birth date of deceased (mo., day, yr.) Sept 13, 1864

8. AGE: Years 83 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Independence Va
(Town, county, and state)

10. Usual occupation Farming

11. Industry or business _____

12. Name Johnson Ring

13. Birthplace Virginia

14. Maiden name Charlotte Delp

15. Birthplace Virginia

16. Informant Mr. Callie Ring

Address Westover Md.

17. Rural Date thereof Dec 4th, 1947
(Burial, cremation, or removal) Which? (month) (day) (year)

Cemetery or crematory Pleasant Hill Cemetery

Location Independence Va.

18. Funeral director Wale Daskell

Address Princess Anne, Md.

19. 12/5 47 R. J. Johnson M. D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 4th 1947, at noon M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ to _____

and that I last saw him _____ alive on _____

Immediate cause of death Cerebral Hemorrhage DURATION 1 hr

Due to _____

Due to _____

Other conditions Cerebral Hemorrhage

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE R. J. Johnson M. D. or other _____

Address Princess Anne Md Date signed 12/5/47

MARGIN RESERVED FOR BINDING

I

VS A15

9.45.15N

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

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DEC 6 1947

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St.; Baltimore

CERTIFICATE OF DEATH

11588

Reg. Dist. No. 265

1. PLACE OF DEATH:

County Somerset
 City or town Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution? no

3. (a) FULL NAME

Betty Lee Sterling

3. (b) Social Security Number

4. Sex F 5. Color or race C 6. (a) Single, married, widowed, or divorcedSingle

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Aug 7, 1944 6. (c) If alive, give age — years8. AGE: Year 3 Month 4 Day 13 If less than one day hrs. min.9. Birthplace Crisfield, Somerset, Md
(Town, county, and state)10. Usual occupation None11. Industry or business None12. Name Sherman Jones13. Birthplace Crisfield, Md14. Maiden name Ruby Sterling15. Birthplace Crisfield, Md16. Informant Ruby SterlingAddress Crisfield, Md17. (Burial, cremation, or removal. Which?) Date thereof Dec 23, 1947
(month) (day) (year)Cemetery or crematory Lansonia CemeteryLocation Lansonia, Crisfield, Md18. Funeral director Harvey BradshawAddress Crisfield, Md19. 12/31 47 Janice E. Spies
(Date rec'd by registrar) 19. Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Somerset
 City or town Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Lansonia
 (If rural, give LOCATION)
 2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH December 20, 1947, at 3 P

I CERTIFY that death occurred on the date above stated; that I attended deceased from she was dead when
 and that I last saw I was called 19

Immediate cause of death

DURATION

Due to PneumoniaDue to William H. Coulbourn, M. D.Other conditions broncho

DEPUTY MEDICAL EXAMINER

FOR SOMERSET COUNTY, MD.

(Include pregnancy within 8 months of death)

Major findings of operations

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

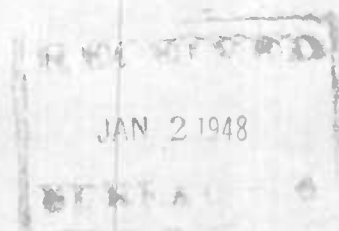
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

Signature Wm H Coulbourn MDAddress Crisfield Md Date signed Dec 22/47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11589

Reg. Dist. No. 265

1. PLACE OF DEATH:

County Somerset
 City or town Brisfield
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Somerset
 City or town Brisfield
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Charlotte Ave
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

James H. Sterling

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Stacie H

6. (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) October 1875

8. AGE: Years 72 Months 1 Days 1 If less than one day, hrs. 1 min.

9. Birthplace Somerset Co.
 (Town, county, and state)

10. Usual occupation Waterman

11. Industry or business Retired

12. Name Jack Sterling

13. Birthplace MD

14. Maiden name Margaret Tyler

15. Birthplace MD

16. Informant Stacie H Sterling

Address Brisfield, MD

17. (Burial, cremation, or removal. Which?) Burial Date thereof 12/11/47
 (month) (day) (year)

Cemetery or crematory Sunny Ridge

Location Brisfield, MD

18. Funeral director Huffard's 3 Lexington

Address Brisfield, MD

19. Dec 11 19 47 Janice Elphie
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 8, 19 47, at 10 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from William H. Coulbourn, M.D.

and that I last saw him DEPUTY MEDICAL EXAMINER 19 47

Immediate cause of death FOR SOMERSET COUNTY, MD. DURATION

Myocarditis

Due to Coronary

Due to Thrombosis

Other conditions Cardiac Dysrhythmia

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op. None

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Natural Cause

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) None

Means of injury None Injured at work? None

3. SIGNATURE Wm H Coulbourn MD

Brisfield MD Date signed 12-8-47

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DEC 15 1947

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

County... Somerset
 City or town... Crisfield, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
McCreedy Memorial Hospital
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Somerset
 City or town... Crisfield, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Mariners Rd. (Rural)
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Stanley William Thomas

3. (b) Social Security Number

4. Sex... male 5. Color or race... white 6.(a) Single, married, widowed, or divorced... Infant
 6.(b) Name of husband or wife...
 7. Birth date of deceased (mo., day, yr.)... November 29, 1947
 6.(c) If alive, give age... years
 8. AGE: Years... 0 Months... 0 Days... 29 If less than one day... hrs. ... min.

9. Birthplace... Crisfield, Maryland
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name... William Charles Thomas
 13. Birthplace... Crisfield, Maryland
 14. Maiden name... Anna Whitman
 15. Birthplace... Crisfield, Maryland

16. Informant... William Charles Thomas
 Address... Mariners Road Crisfield

17. Burial Date thereof... 12/29/47
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory... Mariners Cemetery
 Location... Crisfield, Maryland

18. Funeral director... Halebad & Livingston
 Address... Main St., Crisfield, Md.

19. 12/30 1947 Janice E. Lewis
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... December 28 1947, at... 10:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Dec. 28 1947, to Dec 28 1947
 and that I last saw him alive on Dec 28 1947

Immediate cause of death

Starvation
Dehydration

Due to

maternal neglect

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE... S. M. Peyton M.D. M. D. or otherAddress... Crisfield, Md. Date signed... Dec 30, 1947

RECEIVED

JAN 9 1948

RECEIVED

Mr. Sarah Fyler

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH:

County Somerset County
 City or town Marian Station Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? all of her life
 Hospital, institution, or street address where death occurred:
at home
 How long in hospital or institution? at home

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Somerset
 City or town Marian Sta Md
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(c) If veteran, name war _____

3. (a) FULL NAME

Amelia Whittington

3. (b) Social Security Number

4. Sex Female 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years 70 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Marian Station Md.
 (Town, county, and state)

10. Usual occupation domestic work

11. Industry or business none

12. Name Joseph Whittington

13. Birthplace Marian Station Md.

14. Maiden name Amelia Whittington

15. Birthplace Marian Station Md

16. Informant _____

Address _____

17. Burial Date thereof Dec. 4 1947
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Mount Pleasant M. Church

Location Marian Md

18. Funeral director Geo. W. Tilghman

Address Marian Station Md

19. Dec. 4 19 47 Nellie Dryden
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 2 1947 at 11:30 PM

21. I CERTIFY that death occurred on the date above stated that I attended deceased from _____ 19____

and that I last saw deceased on December 2 1947
 Immediate cause of death Chronic
Myocarditis

DURATION

Due to Myocarditis

Due to acute Cardiac
degeneration

Other conditions DEPUTY MEDICAL EXAMINER
FOR SOMERSET COUNTY
 (Include previous conditions within 3 months)

Major findings of operations _____

Autopsy results no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE If death was due to external causes, fill in the following:

Accident, suicide, or homicide Natural Date of _____

Where did injury occur? _____
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____

Injured at work? _____

23. SIGNATURE W. H. Coulbourn

Address Crisfield Md Date signed 12-4-47

